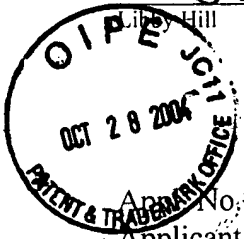


**CERTIFICATE OF MAILING**

Ref. No.: 12439-0077

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*Libby Hill*



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

App. No. : 10/735,226  
Applicant : Eldridge et al.  
Filed : December 12, 2003  
TC/A.U. : 2839  
Examiner : Neil Abrams

Confirmation No. 3901

Docket No. : P56D1-US

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Sir:

In response to the Office Action of July 23, 2004, the shortened statutory period for response to which ends after October 25, 2004 (the first business day following October 23, 2004), please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the list of claims that begins on page 2 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.

10/29/2004 JADD01 00000050 500843 10735226

01 FC:1806 180.00 DA

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail on October 25, 2004 in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Ref. No.: 12439-0077

*Libby Hill*  
Libby Hill

|   |  |   |                   |   |  |
|---|--|---|-------------------|---|--|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small;">Effective 10/01/2001. Patent fees are subject to annual revision</p> |  | <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <p style="margin: 0;">O I P E</p> <p style="margin: 0;">OCT 28 2004</p> <p style="margin: 0;">PATENT &amp; TRADEMARK OFFICE</p> </div> |                   | <p style="margin: 0;">Complete If Known</p> |  |
|   |  | Application Number  | 10/735,226        |   |  |
|   |  | Filing Date   | December 12, 2003 |   |  |
|   |  | First Named Inventor  | Eldridge et al.   |   |  |
|   |  | Examiner Name   | Neil Abrams       |   |  |
|   |  | Art Unit  | 2839              |   |  |
|   |  | Attorney Docket No.   | P56D1-US          |   |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  |   |                   |   |  |
| TOTAL AMOUNT OF PAYMENT   |  | (\$) <b>180.00</b>  |                   |   |  |

| METHOD OF PAYMENT (check all that apply)  | FEE CALCULATION (continued)  |                               |  |  |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
|---|--|-------------------------------|--|--|--|-----------------|---|----------|----------|----------|----------|------|------|------|--------------------|-------------------------------------|------|------|------|------|-------------------|--|------|------|------|------|------------------|---------------------------|------|------|-------|------|--------------------|------------------------------------|------|------|------|------|------------------|---|--------------|------|--------|------|------------------|--|--------------|--|---------|--|----|--|---|---|--------------|---|--------|---|---|--|-----|--|--------------------|---------------------------|--|------|-------|------|-----|--|--------------|------|--------------|------|-----------------|--------------------------|----------|----------|----------|----------|------|------------------|------|------|---------------------------|------|------|---------------------|------|------|--------------------------------------|------|------|--------------------------|------|------|-----------------------------|------|-------|---------------------------------|------|------|---------------------------------------|------|------|------------------------------|------|------|--|------|--------------|--------------------------------|--|------|--------------------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-----------------------|--|------|----|------|----|--------------------------|--|------|-----|------|-----|-------------------|--|------|----|------|----|--------------------------|--|------|-----|------|-----|-------------------------------|--|------|-----|------|-----|---|--|------|-----|------|-----|-----|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|-------------------------------|--|-------------------------------|--|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account<br><div style="margin-top: 5px;">           Account Number: <span style="border: 1px solid black; padding: 2px;">Kirtan &amp; McConkie</span><br/>           Account Name: <span style="border: 1px solid black; padding: 2px;">500843</span> </div> <p>The Director is authorized to: (check all that apply)</p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit overpayments<br><input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   | <h3 style="margin: 0;">3. ADDITIONAL FEES</h3> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>Request for <i>ex parte</i> reexam</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension of one month</td><td></td></tr> <tr><td>1252</td><td>430</td><td>2252</td><td>215</td><td>Extension of two months</td><td></td></tr> <tr><td>1253</td><td>980</td><td>2253</td><td>490</td><td>Extension of three months</td><td></td></tr> <tr><td>1254</td><td>1,530</td><td>2254</td><td>765</td><td>Extension of four months</td><td></td></tr> <tr><td>1255</td><td>2,080</td><td>2255</td><td>1,040</td><td>Extension of five months</td><td></td></tr> <tr><td>1401</td><td>340</td><td>2401</td><td>170</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>340</td><td>2402</td><td>170</td><td>Filing appeal brief</td><td></td></tr> <tr><td>1403</td><td>300</td><td>2403</td><td>150</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition for public use hearing</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Pet. to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,370</td><td>2453</td><td>685</td><td>Pet. to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,370</td><td>2501</td><td>685</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>490</td><td>2502</td><td>245</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>660</td><td>2503</td><td>330</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to Director</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of IDS</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Record patent assignment</td><td></td></tr> <tr><td>1809</td><td>790</td><td>2809</td><td>395</td><td>Filing submission after final</td><td></td></tr> <tr><td>1810</td><td>790</td><td>2810</td><td>395</td><td>Each additional invention (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td>RCE</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (1) (\$)<b>zero</b></td> <td colspan="4" style="text-align: right;">SUBTOTAL (3) (\$)<b>zero</b></td> </tr> </tbody> </table> | Large Entity                  |  | Small Entity   |  | Fee Description | Fee Paid  | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130  | 2051 | 65                 | Surcharge - late filing fee or oath |      | 1052 | 50   | 2052 | 25                | Surcharge - late provisional filing fee or cover sheet |      | 1053 | 130  | 1053 | 130              | Non-English specification |      | 1812 | 2,520 | 1812 | 2,520              | Request for <i>ex parte</i> reexam |      | 1804 | 920* | 1804 | 920*             | Publication of SIR prior to Examiner action |              | 1805 | 1,840* | 1805 | 1,840*           | Publication of SIR after Examiner action |              | 1251   | 110     | 2251   | 55 | Extension of one month   |   | 1252  | 430          | 2252  | 215    | Extension of two months                                       |   | 1253   | 980 | 2253   | 490                | Extension of three months |  | 1254 | 1,530 | 2254 | 765 | Extension of four months                                     |              | 1255 | 2,080        | 2255 | 1,040           | Extension of five months |          | 1401     | 340      | 2401     | 170  | Notice of Appeal |      | 1402 | 340                       | 2402 | 170  | Filing appeal brief |      | 1403 | 300                                  | 2403 | 150  | Request for oral hearing |      | 1451 | 1,510                       | 1451 | 1,510 | Petition for public use hearing |      | 1452 | 110                                   | 2452 | 55   | Pet. to revive - unavoidable |      | 1453 | 1,370  | 2453 | 685          | Pet. to revive - unintentional |  | 1501 | 1,370              | 2501 | 685 | Utility issue fee (or reissue) |  | 1502 | 490 | 2502 | 245 | Design issue fee |  | 1503 | 660 | 2503 | 330 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to Director |  | 1807 | 50 | 1807 | 50 | Fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of IDS |  | 8021 | 40 | 8021 | 40 | Record patent assignment |  | 1809 | 790 | 2809 | 395 | Filing submission after final |  | 1810 | 790 | 2810 | 395 | Each additional invention (37 CFR 1.129(a)) |  | 1801 | 790 | 2801 | 395 | RCE |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of design application |  | Other fee (specify) _____ |  |  |  |  |  | SUBTOTAL (1) (\$) <b>zero</b> |  | SUBTOTAL (3) (\$) <b>zero</b> |  |  |  |
| Large Entity  |  | Small Entity                  |  | Fee Description  | Fee Paid   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| Fee Code  | Fee (\$)   | Fee Code                      | Fee (\$)   |  |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1051  | 130  | 2051                          | 65   | Surcharge - late filing fee or oath                        |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1052  | 50   | 2052                          | 25   | Surcharge - late provisional filing fee or cover sheet     |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1053  | 130  | 1053                          | 130  | Non-English specification                                  |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1812  | 2,520  | 1812                          | 2,520  | Request for <i>ex parte</i> reexam                         |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1804  | 920*   | 1804                          | 920*   | Publication of SIR prior to Examiner action                |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1805  | 1,840*   | 1805                          | 1,840*   | Publication of SIR after Examiner action                   |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1251  | 110  | 2251                          | 55   | Extension of one month                                     |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1252  | 430  | 2252                          | 215  | Extension of two months                                    |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1253  | 980  | 2253                          | 490  | Extension of three months                                  |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1254  | 1,530  | 2254                          | 765  | Extension of four months                                   |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1255  | 2,080  | 2255                          | 1,040  | Extension of five months                                   |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1401  | 340  | 2401                          | 170  | Notice of Appeal   |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1402  | 340  | 2402                          | 170  | Filing appeal brief  |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1403  | 300  | 2403                          | 150  | Request for oral hearing                                   |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1451  | 1,510  | 1451                          | 1,510  | Petition for public use hearing                            |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1452  | 110  | 2452                          | 55   | Pet. to revive - unavoidable                               |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1453  | 1,370  | 2453                          | 685  | Pet. to revive - unintentional                             |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1501  | 1,370  | 2501                          | 685  | Utility issue fee (or reissue)                             |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1502  | 490  | 2502                          | 245  | Design issue fee   |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1503  | 660  | 2503                          | 330  | Plant issue fee  |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1460  | 130  | 1460                          | 130  | Petitions to Director                                      |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1807  | 50   | 1807                          | 50   | Fee under 37 CFR 1.17(q)                                   |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1806  | 180  | 1806                          | 180  | Submission of IDS  |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 8021  | 40   | 8021                          | 40   | Record patent assignment                                   |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1809  | 790  | 2809                          | 395  | Filing submission after final                              |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1810  | 790  | 2810                          | 395  | Each additional invention (37 CFR 1.129(a))                |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1801  | 790  | 2801                          | 395  | RCE  |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1802  | 900  | 1802                          | 900  | Request for expedited examination of design application    |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| Other fee (specify) _____   |  |                               |  |  |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| SUBTOTAL (1) (\$) <b>zero</b>   |  | SUBTOTAL (3) (\$) <b>zero</b> |  |  |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| <h3 style="margin: 0;">1. BASIC FILING FEE</h3> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>790</td><td>2001</td><td>395</td><td>Utility filing fee</td><td></td></tr> <tr><td>1002</td><td>350</td><td>2002</td><td>175</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>550</td><td>2003</td><td>275</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>790</td><td>2004</td><td>395</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Prov. Filing fee</td><td></td></tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (1)</td> <td colspan="2"></td> <td colspan="2">(\$)<b>zero</b></td> </tr> </tbody> </table> <h3 style="margin: 0;">2. EXTRA CLAIM FEES</h3> <table style="width:100%;"> <tr> <td>Total Claims</td> <td><span style="border: 1px solid black; padding: 2px;">35</span></td> <td>-25** =</td> <td><span style="border: 1px solid black; padding: 2px;">10</span></td> <td>X</td> <td><span style="border: 1px solid black; padding: 2px;">18</span></td> <td>=</td> <td><span style="border: 1px solid black; padding: 2px;">180</span></td> </tr> <tr> <td>Indp. Claims</td> <td><span style="border: 1px solid black; padding: 2px;">4</span></td> <td>-5** =</td> <td><span style="border: 1px solid black; padding: 2px;">0</span></td> <td>X</td> <td><span style="border: 1px solid black; padding: 2px;"></span></td> <td>=</td> <td><span style="border: 1px solid black; padding: 2px;"></span></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>=</td> <td><span style="border: 1px solid black; padding: 2px;"></span></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>** Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>** Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>300</td><td>2203</td><td>150</td><td>** Multiple dependent Claim</td><td></td></tr> <tr><td>1204</td><td>88</td><td>2204</td><td>44</td><td>** Reissue ind. claims over org. pat.</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (2)</td> <td colspan="2"></td> <td colspan="2">(\$)<b>180.00</b></td> </tr> </tbody> </table> <p>** or number previously paid, if greater</p> | Large Entity   |                               | Small Entity   |  | Fee Description  | Fee Paid        | Fee Code  | Fee (\$) | Fee Code | Fee (\$) | 1001     | 790  | 2001 | 395  | Utility filing fee |                                     | 1002 | 350  | 2002 | 175  | Design filing fee |  | 1003 | 550  | 2003 | 275  | Plant filing fee |                           | 1004 | 790  | 2004  | 395  | Reissue filing fee |                                    | 1005 | 160  | 2005 | 80   | Prov. Filing fee |   | SUBTOTAL (1) |      |        |      | (\$) <b>zero</b> |  | Total Claims | <span style="border: 1px solid black; padding: 2px;">35</span> | -25** = | <span style="border: 1px solid black; padding: 2px;">10</span> | X  | <span style="border: 1px solid black; padding: 2px;">18</span> | = | <span style="border: 1px solid black; padding: 2px;">180</span> | Indp. Claims | <span style="border: 1px solid black; padding: 2px;">4</span> | -5** = | <span style="border: 1px solid black; padding: 2px;">0</span> | X | <span style="border: 1px solid black; padding: 2px;"></span> | =   | <span style="border: 1px solid black; padding: 2px;"></span> | Multiple Dependent |                           |  |      |       |      | =   | <span style="border: 1px solid black; padding: 2px;"></span> | Large Entity |      | Small Entity |      | Fee Description | Fee Paid                 | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18               | 2202 | 9    | ** Claims in excess of 20 |      | 1201 | 86                  | 2201 | 43   | ** Independent claims in excess of 3 |      | 1203 | 300                      | 2203 | 150  | ** Multiple dependent Claim |      | 1204  | 88                              | 2204 | 44   | ** Reissue ind. claims over org. pat. |      | 1205 | 18                           | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | SUBTOTAL (2) |                                |  |      | (\$) <b>180.00</b> |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| Large Entity  |  | Small Entity                  |  | Fee Description  |  |                 | Fee Paid  |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| Fee Code  | Fee (\$)   | Fee Code                      | Fee (\$)   |  |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1001  | 790  | 2001                          | 395  | Utility filing fee   |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1002  | 350  | 2002                          | 175  | Design filing fee  |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1003  | 550  | 2003                          | 275  | Plant filing fee   |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1004  | 790  | 2004                          | 395  | Reissue filing fee   |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1005  | 160  | 2005                          | 80   | Prov. Filing fee   |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| SUBTOTAL (1)  |  |                               |  | (\$) <b>zero</b>   |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| Total Claims  | <span style="border: 1px solid black; padding: 2px;">35</span>   | -25** =                       | <span style="border: 1px solid black; padding: 2px;">10</span> | X  | <span style="border: 1px solid black; padding: 2px;">18</span> | =               | <span style="border: 1px solid black; padding: 2px;">180</span> |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| Indp. Claims  | <span style="border: 1px solid black; padding: 2px;">4</span>  | -5** =                        | <span style="border: 1px solid black; padding: 2px;">0</span>  | X  | <span style="border: 1px solid black; padding: 2px;"></span>   | =               | <span style="border: 1px solid black; padding: 2px;"></span>    |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| Multiple Dependent  |  |                               |  |  |  | =               | <span style="border: 1px solid black; padding: 2px;"></span>    |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| Large Entity  |  | Small Entity                  |  | Fee Description  | Fee Paid   |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| Fee Code  | Fee (\$)   | Fee Code                      | Fee (\$)   |  |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1202  | 18   | 2202                          | 9  | ** Claims in excess of 20                                  |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1201  | 86   | 2201                          | 43   | ** Independent claims in excess of 3                       |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1203  | 300  | 2203                          | 150  | ** Multiple dependent Claim                                |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1204  | 88   | 2204                          | 44   | ** Reissue ind. claims over org. pat.                      |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| 1205  | 18   | 2205                          | 9  | ** Reissue claims in excess of 20 and over original patent |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |
| SUBTOTAL (2)  |  |                               |  | (\$) <b>180.00</b>   |  |                 |   |          |          |          |          |      |      |      |                    |                                     |      |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |                                    |      |      |      |      |                  |   |              |      |        |      |                  |  |              |  |         |  |    |  |   |   |              |   |        |   |   |  |     |  |                    |                           |  |      |       |      |     |  |              |      |              |      |                 |                          |          |          |          |          |      |                  |      |      |                           |      |      |                     |      |      |                                      |      |      |                          |      |      |                             |      |       |                                 |      |      |                                       |      |      |                              |      |      |  |      |              |                                |  |      |                    |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                       |  |      |    |      |    |                          |  |      |     |      |     |                   |  |      |    |      |    |                          |  |      |     |      |     |                               |  |      |     |      |     |   |  |      |     |      |     |     |  |      |     |      |     |   |  |                           |  |  |  |  |  |                               |  |                               |  |  |  |

| SUBMITTED BY      |                      | (Complete (if applicable)) |        |           |                  |
|-------------------|----------------------|----------------------------|--------|-----------|------------------|
| Name (Print/Type) | N. Kenneth Burraston | Reg. No.                   | 39,923 | Telephone | (801) 323-5934   |
| Signature         |                      |                            |        | Date      | October 25, 2004 |